Baltikums Bank AS | Smilšu iela 6, Rīga, LV-1050, Latvija | Registration No. 40003551060 | SWIFT code: CBBRLV22
Phone: +371 67 031 333 | Fax: +371 67 031 300 | E-mail: info@blueorangebank.com | www.blueorangebank.com

PAYMENT CARD INFORMATION CHANGE APPLICATION

FILL IN USING BLOCK CAPITALS!

Client Information

Client _____
(For individuals – surname, name; for legal entities – company name and Cardholder's name)

Payment Card Account No. (IBAN) | L | V | | | C | B | B | R | | | | | | | | | | | | | |

Payment Card No. | | | | | | | | | | | | | | | | |

Requested Changes (please specify as applicable)

☐ **Close:** ☐ Main Payment Card ☐ Additional Payment Card

☐ **Block the Payment Card due to:** ☐ Theft ☐ Loss ☐ Other _____
(Please specify)

☐ **Unblock the Payment Card** ☐ **Issue a new Payment Card and new PIN code**

☐ **Change daily limit:**
- ☐ For purchases _____
- ☐ For cash withdrawal _____

☐ **Change monthly limit:**
- ☐ For purchases _____
- ☐ For cash withdrawal _____

☐ **Apply for travel insurance:** Travel insurance programme: ☐ Classic ☐ Gold ☐ Platinum

When choosing a travel insurance policy, the card user agrees to processing of his/her personal data, incl. transfer and processing of data by **ERGO Insurance SE Latvian branch** (registered in the Commercial Register of the Register of Enterprises of the Republic of Latvia with No. 40103599913, registered address: Skanstes iela 50, Riga, LV–1013). Purpose of data processing: receiving a travel insurance.

Confirmation

By signing this Application, I confirm my wish to use the additional payment card offered by the Bank in accordance with the Terms and Conditions of the Agreement on Payment Card Account Opening and Maintenance, hereinafter referred to as the Conditions. I am acquainted with the Terms and Conditions of the Agreement, the Bank's General Terms of Business (GTB) and Pricelist, and undertake full liability for transactions performed by the additional cardholder. I am aware that all the documents approved by the Bank and amendments thereto that are listed above are available on the Bank's website www.blueorangebank.com or at the Customer Service Centre.

If travel insurance is applied for, I agree that the Bank reserves and/or charges the fee for a travel insurance policy from any account open for me at the Bank. I am informed that I can read travel insurance conditions at the Bank's website www.blueorangebank.com or at the Customer Service Centre.

I am informed that the Bank processes data of natural persons in accordance with applicable laws and regulations on protection of personal data of the Republic of Latvia and European Union and the General Terms of Business. Purpose of data processing: opening and service of a payment card account.

I am informed that the Bank has the right to provide information to the Bank of Latvia and receive information from the Bank of Latvia Credit Register in accordance with the regulations applicable to the Bank of Latvia Credit Register (if a service related to a credit risk has been selected). I am aware that, in the event of a violation of credit obligations, the Bank will provide data on such violation to the Bank of Latvia Credit Register.

I am informed that the Bank has the right to request and receive information about a loan applicant from AS "Kredītinformācijas Birojs", reg. No. 40103673493, and to provide AS "Kredītinformācijas Birojs" with data on a loan applicant and their liabilities (if a service related to a credit risk has been selected).

Filled in by the Client (Cardholder)

Surname, name of the Client (Client's representative) _____ Signature _____

Surname, name of the Cardholder _____ Signature _____

Digipass key (S) _____
(Please specify the key if this document will be signed and sent to the Bank electronically)

(Fill in obligāti!)

Date ___ ___ _____ L.S.
d d m m y y y y

Filled in by the Bank's authorised representative receiving and verifying the Application

Surname, name _____ Signature _____